PTO/SB/06 (05-0

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number		
CLAIMS AS FILED PART I (Column 1) (Column 2)						SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
FOR		NUMB	NUMBER FILED		ER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							s′	OR		5
TOTAL CLAIMS		7.40.07.7	makers and 20			9		OE	× 18 .	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS			minus 20 =			× : 43 =		1	x = 86 =	
(37	CFR 1.16(b))	.1	minus 20 =			X \$ (2) "	9	116.		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(c))						+s/45=		Ofs	+,290.	
- н	the difference in colur	an zero, ent	er "0" in column.	JATOI		\ \tag{1}	MIOI	-		
	CLAI	MS AS AM	ENDED -	- PART II						
								. 4.	OTHER	
	(1	CLAIMS	Recognition	(Column 2)	(Column 3)	SMALL E	NIIIY	1	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	addi- Tional Fee
	Total (ST OFR 1.16(d)		Minus	44	E	x s 9 =		OR	x s 18 =	
	Independent * (ST CFR 1.16(b))		Minus	***	-	xs 43=		OR	x 586 =	
	ECCT DOCCOUTATION	DALOG MAIN THO	e neoewne	J. C. AHA	P. 1.16(4))	+5/45=		OR	+5290	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL		1	TOTAL	
						ADD'L FEE		OR	ADD'L FEE	
	. (0	Column 1)	B000000 TO 100000	(Column 2)	(Column 3)			1		
AMENDMENT B		CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(d)		Minus	••	Ξ	x s <u>9</u> =		OR-	x s 18 ==	- 4
	Independent (37 CFR 1.16(b))		Minus	***	=	x s 43=		OR.	x 5 86=	
			5 85 85 M DE	F. C. ANJ. 153.CS	D 1 16(d))	+5145=		OR	+ 290	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL	<u></u>	OR.	TOTAL	
						ADD'E FEE		OF.	ADD'E FEE	L
	((Column 1)		(Column 2)	(Column 3)		·	1		
AMENDMENT C		CLAIMS EMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total *		Minus	**	E	x s 9 =		OR	x 5 18 =	
	Independent (37 CFR 1.16(b))		Minus	***	E.	x 5 43 =		OB	x \$ 86=	
	FIRST PRESENTATION	MULTING	e Debender	NI G AP - 15175	OK 1. Medil	+3145=		OF.	+ :290	
	TEAST TIESCHIATE		0100			TOTAL		1	JATOT	
	* If the entry in colum	un 1 es∔ess tha	en the entry	in cotema 2, wri	te "V" in cotumn :	ADO"L FEE 3.	1		ADDITEL	

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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